

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEYATTORNEY'S DOCKET
PU3650USWFirst Names Inventor:
**Eric Cleveland
BIGHAM**Complete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMIDAZOLINE DERIVATIVES AS ALPHA-1A ADRENOCEPTOR LIGANDS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on 28 April 2000 as United States application Serial No. _____ or PCT InternationalApplication Number PCT/EP00/03848 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9910110.7	GB	04/30/1999	X
2.			
3.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	Priority Claimed
1.		
2.		
3.		
4.		
5.		

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

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 Charles E. Dadswell Reg. No. 35,851
 Karen L. Prus Reg. No. 39,337
 Robert H. Brink Reg. No. 36,094
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James P. Riek Reg. No. 39,009
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 Frank P. Grassler Reg. No. 31,164
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Bonnie L. Deppenbrock Reg. No. 28,209
 John L. Lemanowicz Reg. No. 37,380

Send Correspondence to:

David J. Levy, Patent Counsel
 Global Intellectual Property Department
 Glaxo Wellcome Inc.
 Five Moore Drive, PO Box 13398
 Research Triangle Park, NC 27709

Direct Telephone Calls to:

Christopher P. Rogers
 919-483-1240

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1-00	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	0	INVENTOR'S SIGNATURE	BIGHAM	Eric	Cleveland
	1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	1	POST OFFICE ADDRESS	Durham	NC NC	US
2	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	0	INVENTOR'S SIGNATURE	BISHOP	Michael	Joseph
	2	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	2	POST OFFICE ADDRESS	Durham	NC	US
3	2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	0	INVENTOR'S SIGNATURE	DREWRY	David	Harold
	3	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	3	POST OFFICE ADDRESS	Durham	NC	US

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Continued

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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		GARRISON	Deanna	Trojan
0	INVENTOR'S SIGNATURE	Signature:		Date:
		x		X
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		HODSON	Stephen	Joseph
0	INVENTOR'S SIGNATURE	Signature:		Date:
		x		X
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		NAVAS	Frank, III	
0	INVENTOR'S SIGNATURE	Signature:		Date:
		x		X
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		SPEAKE	Jason	D
0	INVENTOR'S SIGNATURE	Signature:		Date:
		x		X
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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BIGHAM	FIRST GIVEN NAME Eric	SECOND GIVEN NAME/INITIAL Cleveland
	INVENTOR'S SIGNATURE	Signature: x		Date: X
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2-02 0 2	FULL NAME OF INVENTOR	FAMILY NAME BISHOP	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL Joseph
	INVENTOR'S SIGNATURE	Signature: x <i>Michael J. Bishop</i>		Date: X 10/15/2001
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Harold
	INVENTOR'S SIGNATURE	Signature: x		Date: X
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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2 0 4	FULL NAME OF INVENTOR	FAMILY NAME GARRISON	FIRST GIVEN NAME Deanna	SECOND GIVEN NAME/INITIAL Trojan
	INVENTOR'S SIGNATURE	Signature: x		Date: x
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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	INVENTOR'S SIGNATURE	Signature: x		Date: x
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2 0 7	FULL NAME OF INVENTOR	FAMILY NAME SPEAKE	FIRST GIVEN NAME Jason	SECOND GIVEN NAME/INITIAL D
	INVENTOR'S SIGNATURE	Signature: x		Date: x
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	INVENTOR'S SIGNATURE	Signature: x		Date: x
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		Durham	NC	US
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		Five Moore Drive, PO Box 13398		
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	INVENTOR'S SIGNATURE	Signature: x		Date: x
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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		Durham	NC	US
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
3002 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature: x <i>David R. Drewry</i>		Date: x 10/16/01
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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	INVENTOR'S SIGNATURE	Signature: x		Date: X
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2 0 6	FULL NAME OF INVENTOR	FAMILY NAME NAVAS	FIRST GIVEN NAME Frank, III	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature: x		Date: X
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2 0 7	FULL NAME OF INVENTOR	FAMILY NAME SPEAKE	FIRST GIVEN NAME Jason	SECOND GIVEN NAME/INITIAL D
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 Charles E. Dadswell Reg. No. 35,851
 Karen L. Prus Reg. No. 39,337
 Robert H. Brink Reg. No. 36,094
 Lorie Ann Morgan Reg. No. 38,181

James P. Riek Reg. No. 39,009
 Virginia C. Bennett Reg. No. 37,092
 Frank P. Grassler Reg. No. 31,164
 Christopher P. Rogers Reg. No. 36,334

Bonnie L. Deppenbrock Reg. No. 28,209
 John L. Lemanowicz Reg. No. 37,380

Send Correspondence to:

David J. Levy, Patent Counsel
 Global Intellectual Property Department
 Glaxo Wellcome Inc.
 Five Moore Drive, PO Box 13398
 Research Triangle Park, NC 27709

Direct Telephone Calls to:

Christopher P. Rogers
 919-483-1240

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature: x		Date: X
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		BIGHAM	Eric	Cleveland
		Durham	NC	US
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature: x		Date: X
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		BISHOP	Michael	Joseph
		Durham	NC	US
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature: x		Date: X
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		DREWRY	David	Harold
		Durham	NC	US
		GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PU3650USW

2	FULL NAME OF INVENTOR	FAMILY NAME GARRISON	FIRST GIVEN NAME Deanna	SECOND GIVEN NAME/INITIAL Trojan
0	INVENTOR'S SIGNATURE	Signature: <i>Deanna Trojan Garrison</i>		Date: X <i>October 16, 2001</i>
4	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME HODSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Joseph
0	INVENTOR'S SIGNATURE	Signature: x		Date: X
5	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME NAVAS	FIRST GIVEN NAME Frank, III	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature: x		Date: X
6	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME SPEAKE	FIRST GIVEN NAME Jason	SECOND GIVEN NAME/INITIAL D
0	INVENTOR'S SIGNATURE	Signature: x		Date: X
7	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU3650USWFirst Names Inventor:
**Eric Cleveland
BIGHAM**Complete if known:
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or☐ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMIDAZOLINE DERIVATIVES AS ALPHA-1A ADRENOCEPTOR LIGANDS

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on 28 April 2000 as United States application Serial No. _____ or PCT InternationalApplication Number PCT/EP00/03848 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

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PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1. 9910110.7	GB	04/30/1999	X
2.			
3.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	Priority Claimed
1.		
2.		
3.		
4.		
5.		

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PU3650USW

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BIGHAM	FIRST GIVEN NAME Eric	SECOND GIVEN NAME/INITIAL Cleveland
	INVENTOR'S SIGNATURE	Signature: x		Date: X
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME BISHOP	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL Joseph
	INVENTOR'S SIGNATURE	Signature: x		Date: X
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Harold
	INVENTOR'S SIGNATURE	Signature: x		Date: X
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

 ATTORNEY'S DOCKET NUMBER
 PU3650USW

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	GARRISON	Deanna	Trojan
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Durham	NC	US
4	POST OFFICE ADDRESS	GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
5-00	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	HODSON	Stephen	Joseph
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Durham	NC NC	US
5	POST OFFICE ADDRESS	GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	NAVAS	Frank, III	
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Durham	NC	US
6	POST OFFICE ADDRESS	GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	SPEAKE	Jason	D
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Durham	NC	US
7	POST OFFICE ADDRESS	GlaxoSmithKline	CITY	STATE & ZIP CODE/COUNTRY
		Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709, US

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU3650USWFirst Names Inventor:
**Eric Cleveland
BIGHAM**Complete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

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As below named inventor. I hereby declare that:

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the specification of which (check only one item below):

[] is attached hereto.

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2.			
3.			

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5.		

Express Label No.
EL395943218US

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PU3650USW

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

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Robert H. Brink Reg. No. 36,094
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Virginia C. Bennett Reg. No. 37,092
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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BIGHAM	FIRST GIVEN NAME Eric	SECOND GIVEN NAME/INITIAL Cleveland
	INVENTOR'S SIGNATURE	Signature: x		Date: x
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
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	INVENTOR'S SIGNATURE	Signature: x		Date: x
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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2 0 3	FULL NAME OF INVENTOR	FAMILY NAME DREWRY	FIRST GIVEN NAME David	SECOND GIVEN NAME/INITIAL Harold
	INVENTOR'S SIGNATURE	Signature: x		Date: x
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

Continued

 ATTORNEY'S DOCKET NUMBER
 PU3650USW

2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	GARRISON	Deanna	Trojan
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	HODSON	Stephen	Joseph
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
6-00 ² 0 6	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	NAVAS	Frank, III	
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC <i>NC</i>	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 7	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	SPEAKE	Jason	D
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU3650USWFirst Names Inventor:
**Eric Cleveland
BIGHAM****Complete if known:**
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMIDAZOLINE DERIVATIVES AS ALPHA-1A ADRENOCEPTOR LIGANDS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on **28 April 2000** as United States application Serial No. _____ or PCT InternationalApplication Number **PCT/EP00/03848** filed and was amended on (MM/DD/YYYY) _____ (if applicable)

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Express Label No.
EL395943218US

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

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 PU3650USW

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Karen L. Prus	Reg. No. 39,337	Frank P. Grassler	Reg. No. 31,164		
Robert H. Brink	Reg. No. 36,094	Christopher P. Rogers	Reg. No. 36,334		
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	INVENTOR'S SIGNATURE	BIGHAM	Eric	Cleveland
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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	INVENTOR'S SIGNATURE	BISHOP	Michael	Joseph
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	DREWRY	David	Harold
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU3650USW
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME GARRISON	FIRST GIVEN NAME Deanna	SECOND GIVEN NAME/INITIAL Trojan
	INVENTOR'S SIGNATURE	Signature: x		Date: X
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME HODSON	FIRST GIVEN NAME Stephen	SECOND GIVEN NAME/INITIAL Joseph
	INVENTOR'S SIGNATURE	Signature: x		Date: X
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME NAVAS	FIRST GIVEN NAME Frank, III	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature: x		Date: X
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US
7-002 0 7	FULL NAME OF INVENTOR	FAMILY NAME SPEAKE	FIRST GIVEN NAME Jason	SECOND GIVEN NAME/INITIAL D
	INVENTOR'S SIGNATURE	Signature: x <i>Jason D. Speake</i>		Date: X 10-15-01
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709, US